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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

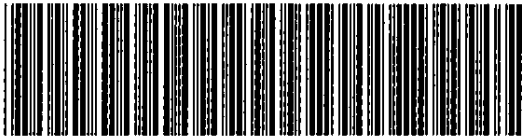
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Starkweather & Shepley Insurance Brokerage Incorporated
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Suzanne Chatterton
Name of Person

Starkweather & Shepley Insurance Brokerage Incorporated
Firm/Company

P.O. Box 549
Address

Providence, RI 02901-0549
City/State and Zip code

aguldhaug@starshep.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sue Chatterton at (401) 435-3600 ext. 1209
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Starkweather & Shepley Insurance Brokerage Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Rhode Island 3. 05-0222530
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/04/1905 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10723 Mirasol Drive, #508, Miromar Lakes, FL 33913
(Principal office address)

P.O. Box 549, Providence, RI 02901-0549
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Janice Null *on behalf of InCorp Services, Inc.*
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: William P. McGillivray

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Address: 60 Catamore Blvd.
East Providence, RI 02914

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TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Natale P. Calamis

Address: 60 Catamore Blvd.
East Providence, RI 02914

Director: Lawrence E. Keefe

Address: 60 Catamore Blvd.
East Providence, RI 02914

B. OFFICERS

President: Natale P. Calamis

Address: 60 Catamore Blvd.
East Providence, RI 02914

Executive Vice President: Lawrence E. Keefe

Address: 60 Catamore Blvd.
East Providence, RI 02914

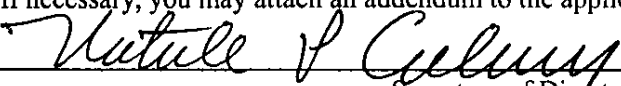
Secretary: Steven E. Deware

Address: 60 Catamore Blvd., East Providence, RI 02914

Treasurer: William P. McGillivray

Address: 60 Catamore Blvd, East Providence, RI 02914

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Natale P. Calamis, President & CEO

(Typed or printed name and capacity of person signing application)

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**Additional DIRECTORS
of Starkweather & Shepley Insurance Brokerage, Inc.**

**Director:
Steven E. Deware
60 Catamore Blvd.
East Providence, RI 02914**

**Director:
David B. Soforenko
60 Catamore Blvd.
East Providence, RI 02914**



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

APPROVED
AND
SEALED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Starkweather & Shepley Insurance Brokerage Incorporated

a Rhode Island corporation, was created by an Act of the General Assembly at the January Session, 1905 with an effective date of the 4th day of April, 1905; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED the twenty-fourth day of June, A.D. 2014.

Secretary of State

BY

